

# Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

► See Separate instructions.

**A** For the period beginning **January 01**, 20 **13** and ending **June 30**, 20 **13**

**B** Check applicable boxes: ☐ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1** Name of organization **Franklin Republican Women's Club** **Employer identification number** **72-1124619**

**2** Mailing address (P.O. Box or number, street, and room or suite number)

**P O Box 1054**

City or town, state, and ZIP code

**Franklin, LA 70538**

**3** E-mail address of organization

**franklinrw@bellsouth.net**

**4** Date organization was formed

**01/01/10**

**5a** Name of custodian of records

**Martha Longman**

**5b** Custodian's address

**5843 Hwy 83**

**Franklin, LA 70538**

**6a** Name of contact person

**Same**

**6b** Contact person's address

**7** Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

**8** Type of report (check only one box)

**a** ☐ First quarterly report (due by April 15)

**b** ☐ Second quarterly report (due by July 15)

**c** ☐ Third quarterly report (due by October 15)

**d** ☐ Year-end report (due by January 31)

**e** ☒ Mid-year report (Non-election year only-due by July 31)

**f** ☐ Monthly report for the month of \_\_\_\_\_ (due by the 20th day following the month shown above, except the December report, which is due by January 31)

**g** ☐ Pre-election report (due by the 12th or 15th day before the election)  
(1) Type of election: \_\_\_\_\_  
(2) Date of election: \_\_\_\_\_  
(3) For the state of: \_\_\_\_\_

**h** ☐ Post-general election report (due by the 30th day after general election)  
(1) Date of election: \_\_\_\_\_  
(2) For the state of: \_\_\_\_\_

**9** Total amount of reported contributions (total from all attached Schedules A).

**9**

**2187.00**

**10** Total amount of reported expenditures (total from all attached Schedules B).

**10**

**7088.94**

**Sign Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

*Martha Longman*  
Signature of authorized official

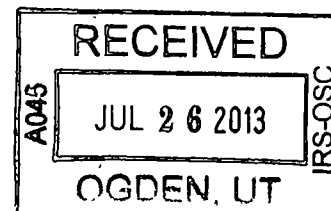
Date

**07-11-13**

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)



SCANNED JUN 31 2013

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization <b>Franklin Republican Women's Club</b>		Employer identification number <b>72-1124619</b>
Contributor's name, mailing address and ZIP code <b>Aggregate below threshold</b>	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$ 2187.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution <b>Various</b>
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
<b>Subtotal</b> of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . . . ▶		<b>\$ 2187.00</b>

<b>Schedule B Itemized Expenditures</b>		Schedule B page <b>1</b> of <b>1</b>
Name of organization <b>Franklin Republican Women's Club</b>		Employer identification number <b>72-1124619</b>
Recipient's name, mailing address and ZIP code <b>Community Foundation of Acadiana 1035 Camellia Boulevard, Suite 100 Lafayette, LA 70508</b>	Name of recipient's employer <b>N/A Non-profit organization</b>	Amount of expenditure <b>\$ 1968.58</b>
	Recipient's occupation <b>N/A</b>	Date of expenditure <b>02/06/13</b>
Purpose of expenditure <b>Donation to Wounded Soldiers Fund</b>		
Recipient's name, mailing address and ZIP code <b>Louisiana Federation of Republican Women P O Box 12728 New Iberia, LA 70562</b>	Name of recipient's employer <b>N/A Political Organization</b>	Amount of expenditure <b>\$ 1435.00</b>
	Recipient's occupation <b>N/A</b>	Date of expenditure <b>Various</b>
Purpose of expenditure <b>Dues and fees</b>		
Recipient's name, mailing address and ZIP code <b>Cafe JoJo's Restaurant P O Box 71 Morgan City, LA 70381</b>	Name of recipient's employer <b>N/A Business</b>	Amount of expenditure <b>\$ 1026.40</b>
	Recipient's occupation <b>N/A</b>	Date of expenditure <b>05/16/13</b>
Purpose of expenditure <b>Meals for membership meeting</b>		
Recipient's name, mailing address and ZIP code <b>Broussard, Poche', Lewis and Breaux, LLC 116 W. Main St. New Iberia, LA 70560</b>	Name of recipient's employer <b>N/A Business</b>	Amount of expenditure <b>\$ 665.00</b>
	Recipient's occupation <b>N/A Business</b>	Date of expenditure <b>06/13/13</b>
Purpose of expenditure <b>CPA fees</b>		
Recipient's name, mailing address and ZIP code <b>Aggregate below threshold</b>	Name of recipient's employer	Amount of expenditure <b>\$ 1993.96</b>
	Recipient's occupation	Date of expenditure <b>Various</b>
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 . . . . . ▶		<b>\$ 7088.94</b>

